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**UNIVERSITY OF PITTSBURGH
RESEARCH MISCONDUCT POLICY
PROCEDURE RI 07**

Implementing Executive: Senior Vice Chancellor for Research
Responsible Unit: Office of Research Protections
Category: Research
Effective Date January 1, 2026

I. Purpose

This establishes procedures pertaining to the University's compliance with research integrity and misconduct as set forth in University Policy RI 07.

II. Definitions

Please refer to Section III of Policy RI 07 for definitions of terms used in this Procedure.

III. Allegations of Research Misconduct

A. Reporting an allegation

Allegations may be submitted by anyone (a) directly to the RIO via email or by calling them with concerns, or (b) through [Pitt Concern Connection](#). The person alleging Research Misconduct or reporting a concern should provide as much detail as possible to allow the RIO to conduct a thorough assessment.

IV. Research Misconduct Proceedings

A. General Processes

1. Time Limitation on Allegation

The Allegation of Research Misconduct must have occurred within six (6) years of the date the University or a Federal Agency¹ received that Allegation, except in the following situations:

a. Subsequent Use of Research Exception

Subsequent use occurs when the alleged Research Misconduct occurred before the six (6) year period but the respondent used, republished, or cited the portion(s) of the Research Record that is alleged to have been fabricated, falsified, or plagiarized in submitted or published manuscripts, submitted PHS grant applications, submitted progress reports to PHS funding components, posters, presentations, or other research records within six years of when the allegations were received by the University or funding agency.

¹ Federal Agencies include those that fund research as well as those that oversee Research Misconduct processes (e.g., Department of Health and Human Services or Office of Research Integrity (ORI))

For Research Misconduct that appears subject to the subsequent use exception, but where the University makes a determination that the subsequent use exception does not apply, documentation of this determination must be recorded and retained by the University for seven (7) years.

b. Public Health and Safety Exception

If the University, in consultation with relevant Federal Agencies, determines that the alleged Research Misconduct, if it occurred, would possibly have a substantial adverse effect on the health or safety of the public, this exception applies.

2. University Record

The University Record are the materials that the University sequestered or generated during the Research Misconduct proceeding and considered or relied on in those proceedings, these records include, but are not limited to:

- a. Documentation of the assessment.
 - i. If an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, Research Records, the transcripts of any transcribed interviews conducted during the inquiry, information the respondent provided to the University, and the documentation of any decision not to investigate.
 - ii. If an investigation is conducted, the investigation report and all records (other than drafts of the report) are considered or relied on during the investigation, including, but not limited to, Research Records, the transcripts of each interview conducted, and information the respondent provided to the institution.
 - iii. Any written decisions by the Dean.
 - iv. The complete record of any appeal.
- b. A single index listing all the Research Records and evidence that the University compiled during the Research Misconduct proceeding, except records the University did not consider or rely on.
- c. A general description of the records that were sequestered but not considered or relied on.

3. Transfer of custody to Federal Agencies, as applicable.

As part of their oversight review, Federal Agencies may require the University to provide materials needed to develop their administrative record of the University's Research Misconduct proceedings. This record may include the University Record as well as any sequestered evidence, whether or not it was used during the proceedings. Hence, on request and when applicable, the RIO may transfer custody or provide copies of all or part of the University record to Federal Agencies.

B. The Assessment

The RIO will conduct the Assessment of the Allegation or issue of concern as promptly and as reasonably possible. When conducting the Assessment, the RIO will:

1. Determine whether an Allegation, if true, meets the definition of Research Misconduct by reviewing the allegation, conducting interviews, and gathering any additional information needed to illuminate the likelihood of Fabrication, Falsification, or Plagiarism.
2. Determine whether the Allegation falls within the 6-year rule or any of the exceptions to the 6-year rule apply.
3. Secure any relevant Records as needed.
 - a. The RIO will take all reasonable and practical steps to obtain custody of the relevant Research Records and inventory. The RIO will also sequester such Records and maintain confidentiality of the information.
4. Provide relevant disclosures and notifications.
5. Decide on the outcome of the assessment.
6. Report and notify the relevant parties that:
 - a. An Inquiry is warranted

If the RIO determines that an Allegation is within the definition of Research Misconduct, it is sufficiently credible and specific, and that potential evidence of Research Misconduct may ultimately be identified, the RIO will notify the Dean and Federal Agency, if required, in writing, and the Dean will commence an inquiry. If the Allegation also involves failure to follow other University Policies or a failure to meet the ethical and professional standards of the applicable discipline, the RIO may refer the matter to the relevant University officials.

- b. No Inquiry is warranted

If the RIO determines that no inquiry is warranted, the RIO may take one of two actions.

- i. Refer to other University Officials

If the RIO concludes that the Allegation does not fall within the definition of Research Misconduct but indicates a failure to follow other University Policies, or a failure to meet the ethical and professional standards of the applicable discipline, the RIO may refer the matter to the relevant University officials. Those may include but are not limited to relevant oversight committees, responsible offices or departments (e.g., Institutional Animal Care and Use Committee, Office of Compliance, Investigations, and Ethics, Human Research Protection Office, Internal Audit), or the Dean. Student matters that are not Research Misconduct related will be handled based on the academic integrity guidelines as described in the student's enrolled academic unit.

- ii. Close Proceedings

If the RIO concludes that the Allegation does not meet the definition of Research Misconduct, is not credible and specific, an honest error occurred, or there is insufficient evidence or evidence is

unlikely to be found to support the Allegation, the matter will be considered closed. The RIO will notify the Dean and the other relevant parties, as applicable.

C. The Inquiry

The inquiry determines whether the Allegation warrants a formal investigation. This section describes the inquiry process.

1. Appointment of an Inquiry Panel and Notification of the Respondent

The Dean is responsible for notifying each Respondent in writing of the specific Allegation and the initiation of an inquiry after receiving notification from the RIO that an Allegation has been assessed and an inquiry is recommended. The Dean must also provide the Respondent with a copy of the Research Misconduct Policy RI 07.

The Dean, in consultation with the RIO, will select one or more objective, qualified persons from the University faculty to conduct the inquiry, which may be the RIO. If the panel includes more than one member, the Dean will designate one member to serve as chair. Each Respondent will be provided with the names of proposed members of the inquiry panel. If the Respondent objects to the appointment of one or more of the proposed members, they must submit the objection in writing to the Provost within five (5) Days of being notified of the proposed appointments by the Dean.

The Provost will review the objection within five (5) Days of receipt and may direct the Dean to replace one or more members of the inquiry panel as necessary.

2. Inquiry Proceedings

The inquiry panel, in consultation with the RIO, may interview the Complainant, Respondent, and relevant witnesses, examine relevant Research Records and other sequestered materials, consult experts in the field if necessary, and/or take such other steps as are in their judgment appropriate to the Inquiry process. The RIO will assist the panel during its meetings.

When being interviewed, the Respondent may be accompanied by an adviser, who may or may not be an attorney. The adviser may consult with the Respondent but may not present the case or otherwise participate in the discussion.

At the discretion of the RIO, interviews may be audio recorded and/or transcribed, in which case each interviewee will have an opportunity to review and correct the transcript of their testimony.

In cases involving multiple Respondents, the University is not required to conduct a separate inquiry for each Respondent. However, each Respondent must be notified of the allegations specific to them and provided an opportunity to respond to the Allegation(s).

If additional Allegations are raised at this stage of the proceedings, the Respondent must be notified in writing of the additional Allegations raised against them. In such an event, the inquiry panel will expand the scope of the inquiry proceedings to accommodate such Allegations, as necessary.

a. Securing Evidence

The RIO is responsible for taking appropriate steps to locate and secure potential evidence at the

start of the inquiry, if not sooner, to prevent loss or alteration of Research Records.

The RIO shall take custody of the original records, providing copies to permit continued work during the inquiry and any subsequent investigation. The RIO may call on the Dean, department chair, or director, other employees, and students and postdoctoral fellows for assistance in locating, retrieving, and storing such records.

The Respondent must be given copies of, or reasonable supervised access to, the Research Records that are sequestered.

b. Inquiry Timelines

The inquiry panel is responsible for completing the inquiry report in a timely manner, as determined by the Dean, and for meeting the requirements of applicable federal regulations. The Dean, in consultation with the RIO, will specify the completion date in the charge letter to the inquiry panel and notification to the Respondent.

i. For cases received from ORI:

The University must complete the inquiry within ninety (90) Days of its initiation, unless circumstances warrant a longer period. If the inquiry stage takes longer than ninety (90) Days, the inquiry report must document the reasons for the delay.

ii. Extensions for good cause must be approved by the Dean and ORI or other relevant Federal Agency (if applicable), following consultation with the RIO. Such requests can be made by the Respondent or inquiry panel with a summary of the reason for the delay, progress to date, and an estimated date of completion. The RIO is responsible for informing any Federal Agency in the event an inquiry is extended beyond the applicable deadlines.

c. Inquiry Report

The inquiry report will be provided to the Respondent and the RIO. The Respondent will have five (5) Days after receipt of the report to submit any written comments on the report to the RIO.

The RIO must attach the Respondent's comments, if any, to the report and submit such report to the Dean for review and further action.

The inquiry panel will prepare the inquiry report, which includes:

- i. The names, professional aliases, and positions of the Respondent and Complainant;
- ii. A description of the Allegation of Research Misconduct;
- iii. The grant support, including, for example, grant numbers, grant applications, contracts, and publications listing Federal Agency support;
- iv. The composition of the inquiry panel, if used, including name, position, and subject matter expertise;
- v. Inventory of sequestered Research Records and other evidence, and description of how sequestration was conducted;
- vi. Transcripts of any transcribed interviews;

- vii. Timeline and procedural history;
- viii. Any scientific or forensic analyses conducted;
- ix. The basis for recommending that the Allegation warrants an Investigation;
- x. The basis on which any Allegation does not merit an Investigation;
- xi. potential evidence of honest error or difference of opinion;
- xii. Any comments on the inquiry report by the Respondent;
- xiii. Any actions implemented by the University, including communications with journals or funding agencies.

d. Inquiry Outcome

The Dean will review the inquiry panel report and any comments by the Respondent and will provide their decision to the RIO, the Respondent, the Provost, as well as the Senior Vice Chancellor for the Health Sciences (if the case arises within the Health Sciences) within five (5) Days. The RIO will inform the Complainant, if known, of the outcome of the inquiry; however, the Complainant will not be provided with a copy of the inquiry report or a copy of the Dean's decision.

If the Dean's decision disagrees with the recommendation of the inquiry panel, the Dean's communication to the Provost, and the Senior Vice Chancellor for the Health Sciences (if applicable) will include a complete copy of the inquiry panel's report and a written explanation of the bases for their disagreement with that report. If the Dean's decision contradicts the recommendation of the inquiry panel, the RIO may request a review of the Dean's decision by the Provost. The Provost will review the report and the decision and determine whether the Dean's decision is justified. The Provost will decide how the Research Misconduct proceedings should move forward and will communicate their decision to the Dean, Senior Vice Chancellor for the Health Sciences (if applicable), and the RIO.

If applicable, the University must provide appropriate Federal Agencies with a copy of the inquiry report and other materials stipulated in federal regulations, within the time frame specified in federal regulations.

The RIO and the Dean must protect the Complainant, witnesses, and members of the inquiry panel from retaliation in all situations.

i. Investigation Warranted

If an investigation is warranted, the Dean will notify the respondent that an investigation will be conducted. If the Research in question is funded by the Public Health Service (PHS), the University must provide ORI with a copy of the inquiry report within thirty (30) Days of making such a determination. In addition, the University must also notify the applicable Federal Agency, as required by their individual policies.

ii. Close Proceedings

If an investigation is not warranted, the case will be closed, and the RIO and the Dean will make

reasonable and practical efforts to restore the Respondent's reputation. If the decision is that the Respondent's actions evidence a failure to follow other University policies and procedures, or a failure to meet the ethical and professional standards of the applicable discipline, the Dean may refer the matter to the appropriate oversight committee, internal audit, or may take direct action, including sanctions. In the case of publication, presentation, funding, or other submission errors, the Dean will direct the Respondent to contact the relevant journal, publisher, organization, or sponsor, notifying them of the error in a timely manner. The RIO should be copied on any such correspondence. If the Respondent does not take the actions as directed by the Dean, the RIO may make the necessary notifications on behalf of the University.

D. The Investigation

The investigation determines whether there is a finding of Research Misconduct. This section describes the investigation process.

1. Appointment of the Investigation Panel

The Dean, in consultation with the RIO, will select at least five (5) objective, qualified persons to conduct the investigation. Each Respondent will be provided with the names of proposed members of the investigation panel. If the Respondent objects to the appointment of one or more of the proposed members, they must submit the objection in writing to the Provost within five (5) Days. The Provost will review the objection within five (5) Days of receipt and may direct the Dean to replace one or more members of the investigation panel and so notify the Respondent. The investigation panel will be given its charge after any objections to the panel composition by the Respondent are resolved.

The Dean will designate one member of the investigation panel to serve as chair. The composition of the panel is as follows:

- a. The investigation panel normally will be selected from within the University and/or affiliated institutions to which this policy applies. Exceptions may be made by the Dean if needed to avoid conflicts of interest or to secure particular expertise.
- b. When the Respondent is a faculty member, the investigation panel normally should be composed of at least two tenured faculty members of the school in which the Respondent holds a primary appointment, and at least one tenured faculty member whose primary appointment is in a different school than that of the Respondent.
- c. No investigation panel member shall have had direct responsibility for, or a role in the Research under investigation, or have any other relevant conflict of interest.
- d. If two suitable tenured faculty members cannot be identified within the Respondent's school, additional members of the investigation panel may be selected from other responsibility centers.
- e. When the Respondent is staff, a student, or postdoctoral fellow, the investigation panel shall include at least one staff, student, or postdoctoral fellow member as appropriate to the particular case.

- f. The above limitations on the membership of the investigation panel may be modified, and any or all members may be selected from outside the University, if the Dean deems it necessary to find expert, objective, and otherwise qualified members.
- g. In the case of multiple Respondents, an investigation panel can convene with the same investigation panel members. However, separate investigation reports and Research Misconduct determinations are required for each Respondent.

2. Notification and Rights of the Respondent

The notification and rights of the Respondent, as communicated and facilitated by the RIO, include the following:

- a. The Respondent must be notified of the investigation panel's interview proceedings at least seven (7) Days prior to the interview.
- b. The Respondent must be offered the opportunity to testify and submit documentation and tangible evidence in defense against the Allegations of Research Misconduct.
- c. The Respondent may suggest witnesses and questions for the investigation panel's consideration.
- d. The Respondent must be given reasonable access to any relevant information in support of the inquiry report, with care to maintain confidentiality, if possible, with respect to sources of the information.
- e. The Respondent must be notified in writing by the Dean if additional information emerges or additional allegations are raised that justify broadening the scope of the investigation beyond the initial Allegation.
- f. The Respondent may be accompanied by one adviser of choice, who may but need not be an attorney. The adviser may consult with the Respondent but may not present the case to the investigation panel, question witnesses or otherwise participate in the discussion and/or proceedings.
- g. The Respondent may submit a written statement following the close of the interview proceedings.
- h. The Respondent must be provided a transcript of the witnesses' interviews, but may not be present during said interviews. Transcripts may be redacted at the discretion of the RIO to protect interviewees' identities.

3. Investigation Proceedings

The investigation panel will consult with the RIO as to policy and procedures and will have the option to consult with and/or receive testimony from recognized experts who are knowledgeable in the field of research. The investigation panel may examine original records or gather further records as necessary to carry out its charge. The chair of the investigation panel, in consultation with the RIO, will make all required substantive and procedural rulings during the interviews, including but not limited to admissibility of evidence and order of proceedings. In the event additional Allegations are raised or additional possible Research Misconduct is uncovered, the

investigation panel will expand the scope of the investigation proceedings to accommodate such Allegations or possible Research Misconduct, as necessary.

As Research Misconduct investigations are not legal proceedings, the chair need not apply technical exclusionary rules of evidence followed in judicial proceedings, nor entertain technical legal motions pertaining to the wording of questions, hearsay, and opinions. Reasonable rules of relevancy should guide the chair in deciding on the admissibility of evidence. Reasonable limits may be imposed on the number of factual witnesses and the amount of cumulative evidence that may be introduced.

Any exhibits referenced during the interview must be uniquely identified or numbered and referred to by that unique identifier in the interview.

The investigation panel must interview the Respondent, the Complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the Respondent. The investigation panel may require any member of the University covered by this Policy or an employee of any other entity covered by this Policy, such as the UPMC Health System, to participate in the proceedings. The Respondent must not be present during the witnesses' interviews, however, must be provided a transcript of the interview which may be redacted at the discretion of the RIO to protect interviewees' identities.

An audio recording and/or stenographic record will be made of the proceedings. Each witness and Panel member will have an opportunity to review and correct the tape or stenographic transcript of their testimony. The corrected recording or transcript will be included in the record of the investigation, and a copy that may be redacted will be sent to the Respondent.

a. Investigation Timelines

The Dean, in consultation with the RIO, will specify the completion date in their letter to the Respondent and their charge to the investigation panel. In cases involving PHS funding and ORI, the start, completion, and extension procedures appearing below will be used. For other federally funded research, the timelines specified by the relevant policies will be followed.

i. Start timeline

The investigation must begin within thirty (30) Days after deciding that an investigation is warranted, ORI and the appropriate funding agency must be notified by the RIO of the decision to begin an investigation on or before the start date, and also be provided with a copy of the inquiry report.

ii. Completion timeline

The University must complete all aspects of an investigation within one hundred and eighty (180) Days of beginning it, including conducting the investigation, preparing the draft investigation report for each Respondent, providing the draft report to each Respondent for comment and transmitting the University's record including the final investigation report and decision by the Dean to the appropriate Federal Agency (e.g., ORI, NIH) as required. If the investigation takes longer than one hundred and eighty (180) Days to complete, the investigation report must include the reasons for exceeding the one hundred and eighty (180) Days.

i. Timeline extension

The RIO, acting on a request from the investigation panel summarizing the reason for the delay, progress to date, and an estimate of the date of completion, will inform Federal Agencies, as required, should the Investigation be delayed beyond applicable deadlines.

b. The Investigation Report

The investigation panel must complete its report in a timely manner, as determined by the Dean, and meet the requirements of applicable federal regulations. Extensions for good cause must be approved by the Dean and relevant Federal Agencies (if applicable).

If the University identifies additional Respondents during the investigation, the University may but need not conduct a separate investigation for each new Respondent. However, separate investigation reports and Research Misconduct determinations are required for each Respondent.

The investigation panel should deliver a draft of its report to the Respondent. The Respondent will be given ten (10) Days after receiving the report to submit any written comments to the RIO. These comments will be shared with the investigation panel and will be attached to the final report submitted to the Dean.

- i. All investigation reports for each Respondent must be in writing and include:
 - (i) Description of the nature of the Allegation of Research Misconduct, including any additional Allegations addressed during the Research Misconduct proceeding.
 - (ii) Description and documentation of the support, including, for example, any grant numbers, grant applications, contracts, and publications.
 - (iii) Description of the specific Allegation of Research Misconduct for consideration in the investigation of the Respondent.
 - (iv) Composition of investigation panel, including name, position, and subject matter expertise.
 - (v) Inventory of sequestered Research Records and other evidence, except records the institution did not consider or rely on; and a description of how any sequestration was conducted during the investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the investigation.
 - (vi) Transcripts of all interviews conducted.
 - (vii) Identification of the specific published papers, manuscripts prepared or submitted but not accepted for publication (including online publication), Federal Agency funding applications (if applicable), progress reports, presentations, posters, or other Research Records that allegedly contained the Falsified, Fabricated, or Plagiarized material.
 - (viii) Any scientific or forensic analyses conducted.
 - (ix) When applicable, if not already provided, the University policies and procedures under which the investigation was conducted.
 - (x) Any comments made by the Respondent on the draft investigation report and any consideration of those comments by the investigation panel.

- (xi) A statement for each separate Allegation of whether the investigation panel recommends a finding of Research Misconduct.
- ii. If the investigation panel recommends a finding of Research Misconduct for an Allegation, the investigation report must, for that Allegation:
 - (i) Identify the individual who committed the Research Misconduct.
 - (ii) Indicate whether the Research Misconduct was Falsification, Fabrication, and/or Plagiarism.
 - (iii) Indicate whether the Research Misconduct was committed Intentionally, Knowingly, and/or Recklessly.
 - (iv) State whether the other requirements for a finding of Research Misconduct have been met, i.e., significant departure from accepted practices and the preponderance of evidence.
 - (v) Summarize the facts and the analysis that support the conclusion and consider the merits of any explanation by the Respondent.
 - (vi) Identify whether any publications need correction or retraction.
 - (vii) List of any current support or known applications or proposals for support that the respondent has pending with Federal Agencies, if applicable.
- iii. If the investigation panel does not recommend a finding of Research Misconduct for an Allegation, the investigation report must provide a detailed rationale.

c. Investigation Outcome

The Dean makes a final determination of Research Misconduct findings and any associated sanctions based on the investigation panel report.

i. There is a finding of Research Misconduct

The Dean's determination of Research Misconduct is communicated to the Provost, the Senior Vice Chancellor for the Health Sciences (if applicable), and the Chancellor. This must be done in a timely manner and must meet the requirements of applicable federal regulations.

If the Dean's decision disagrees in whole or in part with the findings of the investigation panel report, the Dean's communication to the Provost, the Senior Vice Chancellor for the Health Sciences (if applicable), and the Chancellor will include a complete copy of the investigation panel's report and a written explanation of the bases for their disagreement with that report.

Notifications of a Misconduct Finding are:

- (i) The Respondent must be notified within five (5) Days of the Dean's decision in writing of the determination and the actions by the Dean.
- (ii) The Provost, the Senior Vice Chancellor for the Health Sciences in cases originating in the Health Sciences, the RIO, the Chancellor, and the Complainant will also be notified of the decision.
- (iii) The RIO will give any relevant Federal Agency a report on the Investigation in the form and within the time prescribed by any applicable regulations.

ii. There is no finding of Research Misconduct

If the Dean's decision agrees with the finding of no Research Misconduct, the Respondent will be notified in writing within five (5) Days of that decision.

If the Dean's decision is that the Respondent failed to follow other University policies and procedures, or failed to meet the ethical and professional standards of the applicable discipline, the Dean may refer the matter to the appropriate University officials or may take direct action, including sanctions.

Otherwise, reasonable and practical efforts will be undertaken by the RIO and the Dean to restore the reputation of the Respondent and to close the matter. The Provost, the Senior Vice Chancellor for the Health Sciences in cases originating in the Health Sciences, the RIO, the Chancellor, and the Complainant will also be notified of the decision.

V. Sanctions

The Dean, in consultation with the RIO, will also decide on appropriate sanctions. These sanctions will be stayed pending the outcome of any appeal.

Sanctions can include, but are not limited to, the following:

- A. notification to any Federal Agency as appropriate;
- B. requirement for withdrawal or correction of all pending abstracts and papers, presentations, or other submissions emanating from the Research in question, and, if appropriate, retraction or correction of previously published papers and abstracts or funding-related submissions;
- C. removal of the Respondent from the particular project, letter of reprimand, requirement that letters of apology be written, or special monitoring of future work;
- D. probation, suspension, salary adjustment, stipend termination, consideration of possible rank reduction or termination of employment, termination of academic or postdoctoral appointment or student status, repetition of designated student examinations, or revocation of a degree, provided that steps with a potential impact on the employment or student status of a Respondent are taken in accordance with applicable University policies, without the possibility of reopening the investigation into the substance of the Research Misconduct;

- E. notification, if appropriate, to the HRPO or IACUC chair on matters related to clinical or animal research, respectively, so that those committees can take further action if needed
- F. notifications to affected institutions of previous or current affiliation, co-authors, and other affected third parties; and
- G. notification of state licensing boards.

VI. Possible Sanctions from a Federal Agency

The RIO will give any relevant Federal Agency a report on the investigation in the form and within the time prescribed by applicable regulations. A Federal Agency may, in addition, apply its own administrative actions.

VII. Public Release of Information

The Provost or Senior Vice Chancellor for the Health Sciences, as appropriate, will, in consultation with the Office of University Counsel, determine the manner in which information about the Research Misconduct is released, with due consideration for confidentiality as well as possible danger to human health and welfare.

VIII. Appeals

A respondent may appeal a finding of Research Misconduct or sanctions imposed by the Dean by writing to the Provost. This section describes the appeals process.

A. Notice of Appeal and Timelines

An appeal by a Respondent must be made to the Provost within five (5) Days of being notified of the investigation decision. The grounds for the appeal must be submitted in writing within fifteen (15) Days after filing the notice of appeal.

B. Appeal Proceedings

The Provost will review the Respondent's grounds for the appeal as well as the investigation report to determine whether: (a) established procedures were not followed in a way that materially affected the decision; (b) the findings lack a rational connection to the facts established; or (c) the sanctions imposed are substantially disproportionate to the severity of the finding of Research Misconduct. The Provost may consider an appeal of sanctions separately from a finding of Research Misconduct.

The University will, within reason, follow completion time guidelines set by ORI. For cases with PHS funding, the University must complete all aspects of an appeal within 120 Days or apply for an extension.

C. Provost's Decision and Outcomes

The Dean, RIO, and Respondent will be informed of the Provost's decisions in writing. The Provost may recommend a new investigation to address all or part of the Allegations, which will follow the same investigation procedures described herein, except that the Provost will be the deciding official. Otherwise, the Provost's decision will conclude the University's Research Misconduct proceedings.

D. Notifications

1. The Respondent must be notified within five (5) Days of the Provost's decision.
2. The Dean, the Senior Vice Chancellor for the Health Sciences in cases originating in the Health Sciences, the RIO, the Chancellor, and the Complainant will also be notified of the Provost's decision.
3. The RIO will give any relevant Federal Agency a report on the investigation and appeal in the form and within the time prescribed by applicable regulations.

IX. Closing a Case of Research Misconduct

A case of Research Misconduct can be closed due to:

1. An outcome of the assessment, inquiry, investigation, or appeal as described in the appropriate sections above.
2. An admission of Research Misconduct by the Respondent.
3. A settlement between the Federal Agency and the Respondent has been reached.

When a case is closed, the University may notify the relevant parties to the case, e.g., complainants, journals, and funding agencies, as necessary.

For cases involving funding from a Federal Agency, the University must notify the relevant Federal Agency, as required, regarding its determination to close Research Misconduct proceedings and the reasons for that determination. In the event of an admission by the Respondent, the University must provide the Federal Agency with an admission statement, as outlined in section VI.A.5 of Policy RI 07, and an explanation of how the University verified that the admission fully captured the scope of the Research Misconduct and established the Respondent's culpability.

X. Joint Proceedings

To carry out a joint Research Misconduct proceeding, one institution, typically where the Research was conducted, must be designated as the lead institution. The lead institution should obtain Research Records and other evidence pertinent to the proceeding, including witness testimony, with support and cooperation from the other relevant institutions. By mutual agreement, the joint Research Misconduct proceeding may include panel members from the institutions involved. The determination of whether further inquiry and/or investigation is warranted, whether Research Misconduct occurred, and the institutional actions to be taken may be made by the institutions jointly or tasked to the lead institution.

XI. Responsibilities

A. Research Integrity Officer (RIO)

Duties of the RIO include, but are not limited to:

1. Consult confidentially with persons uncertain about whether to submit an Allegation of Research Misconduct.

2. Receive Allegations of Research Misconduct.
3. Assess each Allegation of Research Misconduct.
4. Identify all researchers potentially responsible for the alleged Research Misconduct.
5. Take interim action and notify cognizant Federal Agencies as required by federal regulations as required.
6. Sequester Research Records, including, but not limited to, data and evidence pertinent to the Allegation of Research Misconduct.
7. Communicate with RIOs at other institutions as required when an Allegation involves research conducted at multiple institutions, or when a Respondent has moved to a new institution.
8. Notify the Respondent and provide opportunities for them to review/comment/respond to the Allegation, evidence, and panel reports.
9. Inform Respondent, Complainant, and witnesses of the procedural steps in the Research Misconduct proceeding.
10. Take reasonable and practical steps to protect and restore the reputation of the Respondent and to protect Good Faith Complainants, witnesses, and Panel members, against potential or actual retaliation in consultation with the Dean.
11. Keep the Dean and others who need to know apprised of progress in processing the Allegation of Research Misconduct.
12. Ensure that administrative actions taken by the University and relevant Federal Agencies are enforced and assist the Dean in taking appropriate action to notify other involved parties, such as sponsors, journal editors, editorial boards, professional societies, and licensing boards of those actions, in collaboration with other responsible persons at the University.
13. Extend the various time limits specified in these Procedures in consultation with the Dean.
14. Ensure that final reports, the findings of the Dean, and a description of any pending or completed administrative actions are provided to relevant Federal Agencies.
15. Maintain records of the Research Misconduct proceeding for seven (7) years and make them available to cognizant Federal Agencies as required.

B. Dean

Duties of the Dean, who is the deciding official, include, but are not limited to:

1. Receive the results of the Assessment from the RIO and, after consulting with the RIO, decide whether an inquiry is warranted;
2. Appoint the chair and members of the Inquiry panel (which may be the RIO) and/or investigation panel, and ensure that those bodies are properly staffed and that there is expertise appropriate to carry out a thorough, competent, objective, and fair evaluation of the evidence;

3. Determine whether each proposed inquiry or investigation panel member has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including naming replacement members, to ensure that no person with any such conflict is involved in the Research Misconduct proceeding;
4. Extend the various time limits specified in these Procedures, in consultation with the RIO; and
5. Receive the results of the Inquiry from the RIO and any inquiry report and, after consulting with the RIO, decide whether an investigation is warranted;
6. Receive the investigation report and, after consulting with the RIO, decide whether to accept the findings of the investigation and, if Research Misconduct is found, decide what, if any, sanctions or other actions are appropriate.

C. University Members

University Members have an obligation to preserve and provide evidence relevant to Research Misconduct Allegations to the RIO or other University officials. This includes a responsibility to allow access to personal computers and data management and storage accounts that may hold data, experimental records, or other documents that might provide evidence that could support or refute an Allegation.